

**BEST AVAILABLE COPY**

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. 10-018,4662	FILING DATE	
								APPLICANT		
CLAIMS										
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	1									
2		1								
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7		5								
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TOTAL IND.	1									
TOTAL DEP.	30									
TOTAL CLAIMS	30									